



REDEMPTION FORM

**Order by:-**

Mail : BSN Redemption Unit, Cards Business Department
Ground Floor, Block A
No.117, Jalan Ampang, 50450 Kuala Lumpur
Fax : 03 2162 2659
Email: cardservices@bsn.com.my

Enquiries:-

**BSN Customer Service Centre:
1 300 88 1900**

Product Code	Product Description	Quantity	Total Happy Points Required
BSN001	RM10 Voucher Sijil Simpanan Premium (SSP)		
ENH001	MAS Enrich Miles		
	MAS Enrich Membership Number	M H	
AAB001	AirAsia BIG Points		
	AirAsia BIG Membership Number		

“I hereby confirm the above order and agree to the Terms and Conditions stipulated in the BSN Happy Rewards Programme. Please process my redemption request and deduct the required number of Happy Points from my BSN Visa/MasterCard account.”

Cardmember Name: _____
Delivery Address: _____

(Delivery of goods will not be made to a P.O. Box address or outside Malaysia)

BSN Visa/MasterCard Card No. (For Principal Cardmember Only):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

New NRIC No.: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiry Date: _____

		/		
--	--	---	--	--

Tel (Office/Home): _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tel (Mobile): _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address: _____

*To avoid duplication, please DO NOT mail your form if you have faxed it to us.

Note:

- For SSP redemption, you must have a valid BSN Giro/-i account.
- For Enrich Miles / AirAsia BIG Points redemption, you must provide a valid membership number.

Principal Cardmember Signature
Date: _____

FOR BANK USE						
Date Received	Received By	Process Date	Quantity	Processed By	Reference No.	Remarks